



**JULY 2014**

# ***EHDI E-MAIL EXPRESS***

*The monthly newsletter of AAP Early Hearing Detection & Intervention Program*

This is an e-mail communication from the American Academy of Pediatrics (AAP) "Improving the Effectiveness of Newborn Hearing Screening, Diagnosis and Intervention through the Medical Home" project funded through cooperative agreements with the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC), National Center of Birth Defects and Developmental Disabilities (NCBDDD). It is designed to provide AAP Early Hearing Detection and Intervention (EHDI) Chapter Champions with resources and current clinical and other information. The EHDI E-Mail Express is sent on a monthly basis. Please feel free to share the EHDI E-Mail Express with colleagues working on or interested in childhood hearing detection and intervention issues. Distribution information appears on the last page.

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## **FROM YOUR CHAIRPERSON**

Friends,

It's time for true confessions...

As a practicing pediatrician, I am not succeeding at identifying risk factors for delayed-onset hearing loss in the young children in my own pediatric practice.

Don't get me wrong. It's not that I am not familiar with the risk factors. I'm very familiar. And it's not that I disagree with retesting the hearing of children who have a risk factor. I agree with the recommendation. It's mostly that I'm an old dog, and it's a new trick. I just haven't somehow committed to a workflow that will predictably capture the information that qualifies a child as having a risk factor.

Much of the needed information is straight forward and easily obtained... it's right there in the medical record. In fact, for most risk factors it should be easy. For example, rather than a detailed list of potential newborn risk factors, the Joint Committee on Infant Hearing has noted for years that a stay in the NICU of more than five days should be considered a simple, straight-forward risk factor that merits retesting of hearing in the first year or two of life, even for the baby who passed the newborn hearing screening. That should be easy. And yet of all the infants in my practice who spent more than five days in the NICU, only on a few occasions have I heard the bell ringing in my brain to announce, "Me! I'm the baby who needs my hearing retested."

Of course, some information needed to assess risk factors requires extra effort, although admittedly only a little extra effort. Like asking if there is a family history of hearing loss with onset in childhood. That's a simple question to ask, one simple question to assess for a risk factor.

Surely even an old dog can ask one simple question. How hard can that be? And yet I have not routinely fashioned my practice to search out the answer to that question on every baby, and allow that information to guide my recommendations for hearing retesting.

I will get better. Writing this column will embarrass me into getting better, for starters. But I will improve only slowly, of that I am sure. And therein we can all find one of our ongoing EHDI struggles. Many, perhaps most of the professionals we interact with are "old dogs," either literally (me... I'm old...) or by their general attitude (many others, it seems...).

So perhaps this is the more important question. In a world of old dogs, what systems do we put in place to accomplish new tricks? How can we institutionalize new and important changes without relying on old dogs to be better learners?

Perhaps that is a new way of looking at our challenges. Adopt systems, manage data, invest in improved outcomes for children who are hard of hearing and their families, and accomplish all of these new tricks despite the old dogs, rather than depending on old dogs to start acting younger.

Speaking as an old dog, I need the help. Ask any old dog, I suspect you'll get the same answer.

(Ruff...)

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## TIMELY DIAGNOSIS: A RESOURCE GUIDE SUPPORTING TELEAUDIOLOGY

As chapter champions, you know that far too many infants who do not pass their newborn hearing screening are “lost to follow up,” often due to the difficulty of accessing an audiologist with the needed pediatric expertise to complete a diagnostic evaluation. This is a particular challenge for families who live in rural and remote areas, hours from a pediatric audiologist.

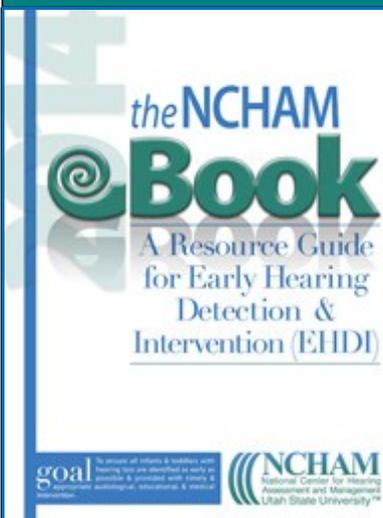
To increase access to services, the National Center for Hearing Assessment and Management (NCHAM) has recently posted [Timely Diagnosis: A Resource Guide Supporting Teleaudiology](#) that highlights the role of teleaudiology—the implementation of audiological services via telehealth technologies—in reducing loss to follow up. The purpose of this guide is to share the lessons learned and recommendations for conducting remote diagnostic audiological evaluations of infants based on the experiences of professionals in six states and one Canadian province.



This tool kit provides practical strategies and serves as a springboard to promote the use of teleaudiology as one way to ensure EHDI systems meet the needs of infants and their families. The overall process for providing diagnostic audiological services with infants is much the same as providing in-person clinical services, with some additional steps for communication, staffing, and equipment.

Although reimbursement and licensure regulations can be barriers, federal and state laws and insurance reimbursement regulations are evolving to support telehealth. Consider exploring the role of remote audiological evaluations with your state EHDI partners to help ensure improved access to services and timely diagnosis for families in your state. To learn more, go to <http://www.infanthearing.org/teleaudiology/index.html>.

## EARLY HEARING DETECTION & INTERVENTION E-BOOK FROM NCHAM



The EHDI e-book, A Resource Guide for Early Hearing Detection and Intervention, from the National Center on Hearing Assessment and Management, is a ‘go to’ source for chapter champions and others involved in EHDI.

This month, we continue to offer a glimpse of the NCHAM eBook, a comprehensive online resource. In [Chapter Two](#) authors Randi Winston, AuD, CCC-A and Karen M Ditty, AuD provide an overview of the professional, public, and federal agencies and organizations that play key roles in establishing standards and providing support for universal newborn hearing screening (UNHS) programs in the United States. In addition to describing Joint Committee on Infant Hearing position statements and recommendations, this chapter discusses achievable benchmarks for both in- and out-of-hospital settings. A substantial section is devoted to enumerating the many different members of the UNHS team in the hospital setting, including descriptions of the roles of program managers and screeners. A question-and-answer format is used to provide detailed information on everything from hearing screening technology and

equipment considerations to policies and procedures on when and where to screen, how screeners will be trained, and how to ensure quality and follow through. The authors emphasize the importance of developing relationships and partnerships with birthing facilities, professionals, and stakeholders involved in EHDI for a successful program.

## DUAL LANGUAGE LEARNING

At the 2014 AG Bell Convention, MED-EL USA announced the launch of a book for speech and hearing professionals and families of children with hearing loss who speak more than one language, *Dual-Language Learning for Children with Hearing Loss*, by Michael Douglas, MA, CCC-SLP, LSLC Cert AVT. Research has shown that encouraging bilingual language development does not prevent a child with hearing loss from learning the majority language in the presence of adequate speech perception and an effective immersion process. Click [here](#) to learn more.

## FAMILY-CENTERED EARLY INTERVENTION



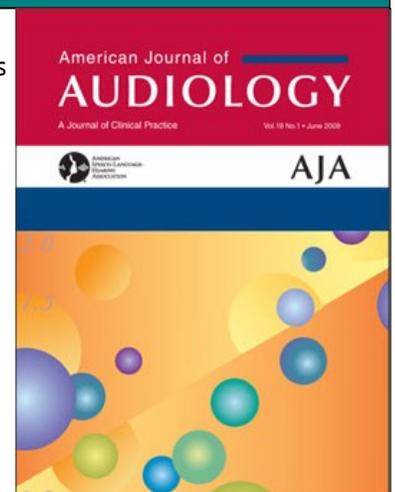
An article on the Boys Town National Research Hospital website outlines family-centered early intervention services for families with a deaf or hard of hearing child. This intervention focuses on the home visit and the skills required of the provider. The components and work flow of the home visit model are described. For more information, follow this [link](#) or go to <http://www.boystownhospital.org/knowledgeCenter/articles/Pages/Family-Centered-Early-Intervention.aspx>.

## PARENTS' NEEDS FOLLOWING IDENTIFICATION OF CHILDHOOD HEARING LOSS

Appropriate support for families of children diagnosed with hearing impairment may have a direct impact on the success of early hearing detection and intervention programs in reducing the negative effects of permanent hearing loss. A qualitative study was conducted to explore parents' needs after learning of their child's hearing loss to better understand the important components of service delivery from families' perspectives.

Parents were asked to share their perceptions of the strengths and gaps in the care system. Although the majority of parents were satisfied with the range and quality of audiology and therapy services available, they identified gaps in the areas of service coordination, availability of information, and the integration of social service and parent support into the system. Access to audiology services appears to have been facilitated for children who were systematically screened. The findings provide insights into the services most valued by families. These findings highlight the importance of eliciting parents' perspectives in designing optimal care models for children and families.

Source: Fitzpatrick E, Angus D, Durieux-Smith A, et al. Parents' needs following identification of childhood hearing loss. *American Journal of Audiology*. 17;38-49:2008

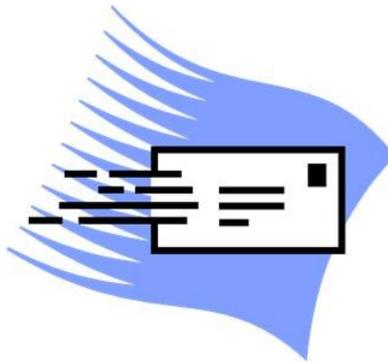


## PEDIATRIC RESIDENTS' USE OF JARGON DURING COUNSELING ABOUT NEWBORN GENETIC SCREENING RESULTS



A 2008 study on pediatric residents' usage of jargon during discussions about positive newborn screening test results found that a large number of jargon words and the small number of accompanying explanations suggest that physicians' counseling about newborn screening may be too complex for some parents .

Source: Farrell M, Deuster L, et al. Pediatric Residents' Use of Jargon During Counseling about Newborn Genetic Screening Results. *Pediatrics* 2008;122:243 -249.



***Distribution Information:***

*The AAP EHDI Program implementation staff send this e-mail update to the Academy's EHDI Chapter Champions, other interested AAP members, staff and state EHDI coordinators. For additional information on hearing screening and to access previous editions of the EHDI E-mail Express, click on the following link <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/PEHDIC/Pages/Early-Hearing-Detection-and-Intervention.aspx>. Previous e-mail updates are available upon request from Hollis Russinof, [hrussinof@aap.org](mailto:hrussinof@aap.org) or (847) 434-4983. If you would like to unsubscribe to the update, please notify staff by responding to this e-mail.*